



USAID
FROM THE AMERICAN PEOPLE



HEALTH PROFILE

Latin America and the Caribbean

The U.S. Agency for International Development is a key partner in the U.S. President's Emergency Plan for AIDS Relief.

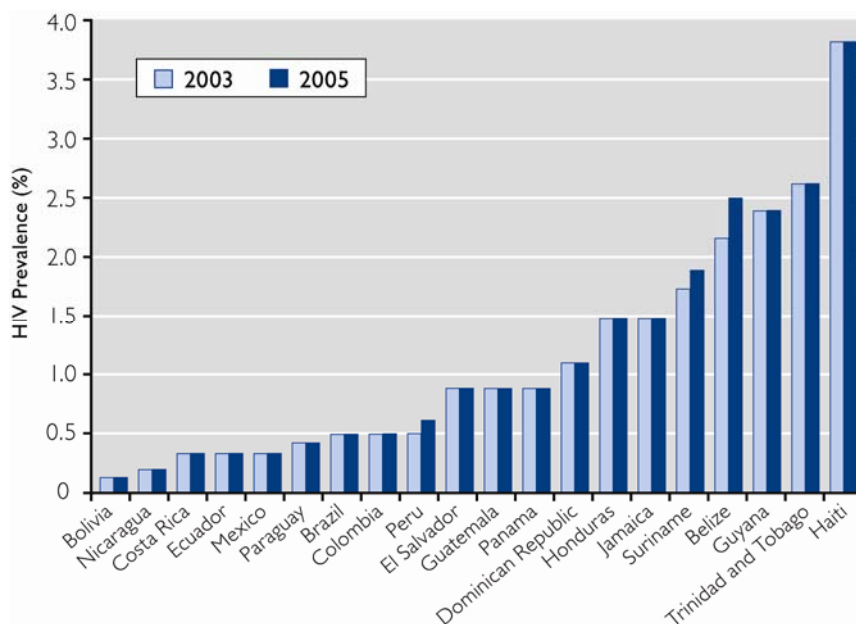
Overall HIV Trends



HIV/AIDS is now the leading cause of death (followed by cardiovascular diseases) in countries in the Latin America and Caribbean (LAC) region assisted by the U.S. Agency for International Development (USAID). In 2001, it accounted for about 9.5 percent of all deaths in the region. In 2005, about 90,000 people in LAC countries died of AIDS, and 230,000 were newly infected. The number of people living with HIV/AIDS is estimated to be 1.7 million (UNAIDS, 2006). With its large population, Brazil accounts for more than one-third of people living with HIV/AIDS in the region,

although the Caribbean subregion has a higher prevalence rate. The epidemics in Latin America are being fueled by varying combinations of unsafe sex (both between men and between men and women) and injecting drug use. In Argentina, Bolivia, Brazil, Guatemala, and Peru, unprotected sex between men accounts for 25 to 35 percent of reported AIDS cases (UNAIDS, 2006). Between 1986 and 2004, 27 percent of the AIDS cases in Argentina, Uruguay, Paraguay, and Chile were attributed to intravenous drug user (IDU) transmission. In Brazil, 16 percent of cases were transmitted through IDUs over the same time period (USAID, 2006).

Trends in HIV Prevalence, 2003–2005 (Adults 15–49 Years)



Source: UNAIDS. 2006 Report on the Global AIDS Epidemic.

While the total number of people infected in the LAC region is small compared with other regions in the world, it is important to note that HIV/AIDS transmission patterns have moved increasingly from marginalized groups toward the general population. Overall, however, the HIV incidence rate in the region appears to be stable (UNAIDS, 2006).

The figure on the previous page shows trends in HIV/AIDS prevalence in the LAC region between 2003 and 2005. In most countries, the prevalence rate showed little change; in a few, however, it continued to rise. This increase was particularly notable in Peru, Belize, and Suriname. Haiti remains one of the region's high-prevalence countries, although according to a recent study prevalence has declined to 2.2 percent of its adult population (UNAIDS, 2006).

In some countries, such as Mexico, Bolivia, and Nicaragua, prevalence is still low, with the epidemics concentrated in persons who engage in high-risk sexual behavior, such as commercial sex workers and men who have sex with men. Prevalence in the latter group may well be underestimated because of the stigma attached to sexual relations between men; the often hidden nature of this behavior; the fact that some men who have sex with men also have sex with women; and the small numbers of people engaging in risky behaviors who actually know their status.

The Caribbean's status as the second-most HIV-affected region in the world masks substantial differences in the extent and intensity of its epidemics. Two countries, Haiti and the Dominican Republic, have nearly three-quarters of all the infections in the Caribbean (UNAIDS, 2006). The Caribbean's epidemics are driven primarily by heterosexual intercourse, with commercial sex as a prominent factor. New infections among women are surpassing those among men. Young women in particular face considerably higher odds of becoming infected than do young men (UNAIDS, 2005). In Haiti, new data from the Ministry of Public Health and Population show that in some areas, the prevalence rate of HIV infection among young women is twice that of young men.

Economic and Social Impact of HIV/AIDS in the Developing World

Illness, disability, and death associated with the HIV/AIDS epidemic affect populations at multiple levels and in multiple ways. The vast majority of people who have the disease are between the ages of 15 and 49, and often the under-30 age group is the most affected. This changes a population's demographic structure and poses a challenge to the systems for supporting dependent populations such as children and the elderly.

The economic and social effects of HIV/AIDS are felt from the family level, where families experience the death and incapacity of loved ones and providers and must cope with the burden of caring for the sick and dying, to businesses, schools, hospitals, and other institutions that suffer the loss of valuable personnel and declines in productivity. Food security is threatened by the effects on food production and the reduced ability of households to afford a nutritious diet. School enrollments decline, and the payoffs of investments in education are undercut by high death rates among young adults. The economic costs of addressing HIV and its effects, both in the health sector and other economic sectors, divert resources from other important needs and from investments critical to economic development. In many cases, the impact of the epidemic on families, communities, and countries has feedback effects that influence the epidemic's future course – for example, poverty and the breakdown of social and economic systems impair community systems that could help stem the spread of infection.

Finally, HIV/AIDS has orphaned many children who are now raised by grandparents or live in households headed by other children. As parents die, the effects on children cannot be overstated. Many children orphaned by HIV/AIDS lose their childhood and are forced by circumstances to become producers of income and food or caregivers for sick family members. They suffer their own increased health problems related to increased poverty and inadequate nutrition, housing, clothing, and basic care and affection.

Partnering for Success: USAID and the U.S. President's Emergency Plan for AIDS Relief

The U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, \$15 billion, multifaceted approach to combating the disease in more than 120 countries around the world, with a special emphasis on 15 focus countries in Africa, the Caribbean, and Asia. In these focus countries, the Emergency Plan has set goals of supporting prevention of 7 million new infections, treatment for 2 million HIV-infected people, and care for 10 million individuals, including orphans and vulnerable children.

The Emergency Plan encompasses all U.S. Government international HIV/AIDS activities, including those implemented by USAID. Under the Emergency Plan in Latin America and the Caribbean, USAID's staff of foreign service officers, trained

physicians, epidemiologists, and public health advisors work with host governments, nongovernmental organizations, and the private sector to provide training, technical assistance, and supplies – including pharmaceuticals – to prevent and reduce the transmission of HIV/AIDS and provide care and treatment to people living with HIV/AIDS. In fiscal year 2007, USAID will continue efforts to prevent the spread of HIV/AIDS using several interventions:

- The ABC approach to prevent sexual transmission of HIV – Abstinence, Be Faithful, Correct and Consistent Use of Condoms
- Prevention of mother-to-child HIV transmission
- Voluntary counseling and testing
- Injection safety and ensuring the safety of blood supplies
- Provision of therapy for concurrent illnesses and opportunistic infections, as well as palliative care
- Nutritional therapy
- Support for orphans and vulnerable children

USAID is uniquely positioned to support multisectoral responses to HIV/AIDS that address the widespread impact of HIV/AIDS outside the health sector. In particular, USAID is supporting cross-sector programs in areas such as agriculture, education, democracy, and trade that link to HIV/AIDS and mutually support the objective of reducing the impact of the pandemic on nations, communities, families, and individuals. Under the Emergency Plan, USAID also supports a number of international partnerships; provides staff support to the Global Fund to Fight AIDS, Tuberculosis and Malaria; and works with local coordinating committees of the Global Fund to improve implementation of the Fund programs and their complement to U.S. Government programs. Finally, USAID supports targeted research, development, and dissemination of new technologies and new packaging and distribution mechanisms for antiretroviral drugs.

USAID Support in Latin America and the Caribbean

In Latin America and the Caribbean, USAID support of the Emergency Plan places special emphasis on two focus countries: **Guyana** and **Haiti**. In addition, HIV/AIDS programs are also implemented in a number of other countries, some including the Dominican Republic, Guatemala, Honduras, Jamaica, Mexico, and Nicaragua. Examples of USAID assistance include the following activities and interventions:

- Through the Caribbean HIV/AIDS Regional Training Initiative, supported networks of nongovernmental organizations in six countries in the eastern Caribbean in working with national governments to reduce HIV transmission among youth and other high-risk populations
- In Haiti, supported prevention programs emphasizing abstinence and being faithful for 345,700 people; counseling and testing for 128,600 people; palliative care and support for 38,700 people; and program assistance for 16,600 orphans and vulnerable children
- Reached more than 117,000 people in the Dominican Republic with testing and counseling services; supported prevention of mother-to-child HIV transmission services in 82 facilities for almost 72,000 women and their babies; provided direct support to six outpatient clinics; supported treatment for HIV-positive patients and community- and home-based care programs for children and families affected by HIV/AIDS
- Reached an estimated 136,000 people in high-risk communities in Honduras (including men who have sex with men, commercial sex workers, and the Garifuna, an Afro-Caribbean population residing primarily along the northern coast) with behavior change activities
- Reached 661 children living with HIV/AIDS in day care, shelters, and hospital-based programs in Brazil with counseling and nutritional support services